KILBOURN CARE CENTER 2125 WEST KILBOURN AVENUE

MI LWAUKEE 53233 Phone: (414) 342-1312 Ownership: Corporati on Operated from 1/1 To 12/31 Days of Operation: 365 Highest Level License: Skilled Operate in Conjunction with Hospital? Operate in Conjunction with CBRF? Title 18 (Medicare) Certified? Number of Beds Set Up and Staffed (12/31/01): 92 Yes Total Licensed Bed Capacity (12/31/01): 92 Title 19 (Medicaid) Certified? Yes Number of Residents on 12/31/01: 70 72 Average Daily Census: ********************* ************************

Services Provided to Non-Residents		Age, Sex, and Primary Diagn	osis of	Residents (12/3	1/01)	Length of Stay (12/31/01)	%
Home Health Care	No	Pri mary Di agnosi s	%	Age Groups	%	Less Than 1 Year	25. 7
Supp. Home Care-Personal Care	No					1 - 4 Years	32. 9
Supp. Home Care-Household Services	No	Developmental Disabilities	0.0	Under 65	42. 9	More Than 4 Years	41. 4
Day Services	No	Mental Illness (Org./Psy)	15. 7	65 - 74	30. 0		
Respite Care	No	Mental Illness (Other)	37. 1	75 - 84	18. 6	ľ	100. 0
Adult Day Care	No	Alcohol & Other Drug Abuse	0. 0	85 - 94	8. 6	*********	******
Adult Day Health Care	No	Para-, Quadra-, Hemi plegic	0.0	95 & 0ver	0. 0	Full-Time Equivaler	nt
Congregate Meals	No	Cancer	1.4	İ		Nursing Staff per 100 Re	esi dents
Home Delivered Meals	No	Fractures	4. 3		100.0	$(12/3\hat{1}/01)$	
Other Meals	No	Cardi ovascul ar	7. 1	65 & 0ver	57. 1 [°]		
Transportati on	No	Cerebrovascul ar	2. 9			RNs	7. 4
Referral Service	No	Di abetes	5. 7	Sex	%	LPNs	14. 4
Other Services	No	Respi ratory	7. 1			Nursing Assistants,	
Provi de Day Programming for		Other Medical Conditions	18. 6	Male	58.6	Ai des, & Orderlies	33. 8
Mentally Ill	No			Female	41.4		
Provi de Day Programming for		İ	100. 0		j		
Developmentally Disabled	No				100. 0		
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Method of Reimbursement

		ledicare litle 18			edicaid itle 19			0ther			Pri vate Pay	;		amily Care			Managed Care	l		
Level of Care	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	Total Resi- dents	% Of All
Int. Skilled Care	0	0. 0	0	0	0. 0	0	0	0. 0	0	0	0. 0	0	0	0.0	0	0	0.0	0	0	0. 0
Skilled Care	2	100.0	245	58	89. 2	101	1	100.0	89	1	100.0	144	0	0.0	0	1	100.0	350	63	90.0
Intermedi ate				7	10.8	83	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	7	10.0
Limited Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Personal Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Residential Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Dev. Di sabl ed				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Traumatic Brain Inj	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Ventilator-Depender	nt 0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Total	2	100. 0		65	100.0		1	100.0		1	100.0		0	0.0		1	100.0		70	100.0

Admissions, Discharges, and		Percent Distribution	$of\ Residents'$	Condi ti on	s, Servi ce	s, and Activities as of 12	2/31/01
Deaths During Reporting Period				Total			
Percent Admissions from:		Activities of	%		eeding cance of	% Totally	Number of
Private Home/No Home Health	0.0	Daily Living (ADL)	Independent	One Or	Two Staff	Dependent	Resi dents
Private Home/With Home Health	0.0	Bathi ng	24. 3	(30. 0	15. 7	70
Other Nursing Homes	17. 9	Dressing	27. 1		60. 0	12. 9	70
Acute Care Hospitals	66 . 7	Transferring	47. 1		42. 9	10. 0	70
Psych. HospMR/DD Facilities	7. 7	Toilet Use	41. 4		45. 7	12. 9	70
Rehabilitation Hospitals	0. 0	Eati ng	78. 6		18. 6	2. 9	70
Other Locations	7. 7	************	******	*****	******	*********	*****
Total Number of Admissions	39	Continence			pecial Tre		%
Percent Discharges To:		Indwelling_Or Externa		2. 9		Respiratory Care	4. 3
Private Home/No Home Health	0.0	0cc/Freq. Incontinent		32. 9		Tracheostomy Care	1. 4
Private Home/With Home Health	26. 2	0cc/Freq. Incontinent	t of Bowel	30. 0		Suctioning	0. 0
Other Nursing Homes	11. 9					Ostomy Care	1. 4
Acute Care Hospitals	7. 1	Mobility				Tube Feeding	1. 4
Psych. Hosp MR/DD Facilities	23. 8	Physically Restrained	1	0. 0	Recei vi ng	Mechanically Altered Diet	s 44.3
Rehabilitation Hospitals	2. 4						
Other Locations	2.4	Skin Care				ent Characteristics	FF 9
Deaths	26. 2	With Pressure Sores		2. 9		nce Directives	55. 7
Total Number of Discharges	40	With Rashes		0. 0 M	edi cati ons		00.0
(Including Deaths)	42	l			kecei vi ng	Psychoactive Drugs	88. 6

Ownershi p: Bed Size: Li censure: 50-99 Skilled Al l Thi s Propri etary Peer Group Facility Peer Group Peer Group Facilities % Ratio % Ratio Ratio Ratio Occupancy Rate: Average Daily Census/Licensed Beds 77.8 77. 1 1.01 86. 3 0.90 82.7 0.94 84. 6 0.92 Current Residents from In-County 100 82.7 1. 21 89. 4 1. 12 **85**. 3 1.17 77.0 1.30 Admissions from In-County, Still Residing 46.2 19. 1 2.41 19. 7 2.35 21. 2 2.18 20.8 2. 22 Admissions/Average Daily Census 54. 2 173. 2 0.31 180. 6 0.30 148. 4 0.36 128. 9 0.42 Discharges/Average Daily Census 58.3 173.8 0.34 184. 0 0.32 150. 4 0.39 130.0 0.45 Discharges To Private Residence/Average Daily Census 15.3 71.5 0.21 80.3 0.19 **58.** 0 0. 26 52.8 0.29 Residents Receiving Skilled Care 90.0 92.8 0.97 95. 1 0.95 91.7 0.98 85. 3 1.06 Residents Aged 65 and Older 57. 1 86.6 0.66 90.6 0.63 91.6 0.62 87. 5 0.65 Title 19 (Medicaid) Funded Residents 92.9 71.1 51.8 1.79 64. 4 68. 7 1.31 1.44 1.35 Private Pay Funded Residents 13.9 23.8 22. 0 1.4 0. 10 32.8 0.04 0.06 0.06 Developmentally Disabled Residents 0.0 1. 3 1.3 0.00 0. 9 7. 6 0.00 0.00 0.00 Mentally Ill Residents 52.9 32. 5 1.63 32. 1 1.65 32. 2 1.64 33. 8 1. 56 General Medical Service Residents 18. 6 20. 2 0.92 22.8 0.81 23. 2 0.80 19. 4 0.96 49.3 Impaired ADL (Mean) 33.7 52.6 0.64 50. 0 0.67 51.3 0.66 0.68 Psychological Problems 88. 6 48.8 1.82 55. 2 1.61 50. 5 1.75 51. 9 1.71 Nursing Care Required (Mean) 0.95 7. 2 7.0 7.3 7.8 0.89 0.97 7. 3 0. 95